Statement covers period (Month, Day, Year) from 01/01/2011 Statement covers period (Month, Day, Year) CTT OF SANTA MAB A FOVERPAGE CALIFORNIA 460 FORM 460 FORM 100/01/2011 CTT OF SANTA MAB A FOR Official Use Only CTT OF SANTA MAB A FOR Official Use Only	٥,,,			
atement covers period Date of election if applicables (Month, Day, Year)	COVER PAGE		Page 1 of 0	6
atement covers period Date of election if applicables (Month, Day, Year)		Date Stamp	26	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
atement co		1 K.	Date of election if applicable (Month, Day, Year)	. A
		Type or print in i	ment covers period 01/01/2011	06/30/2011

Campaign Statement Recipient Committee

Cover Page			25	アープ打し	FORM	
(Government Code Sections 84200-84216.5)	st	Statement covers period	Date of election if applicable	JUL 2 1/2011	Page 1 of 0	
	from _	01/01/2011	(World), Day, Teal)	SE SANTA	For Official Use Only	<u>~</u>
SEE INSTRUCTIONS ON REVERSE	through	Jah 06/30/2011	BY:	City Clerk		
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	tees – Complete P	arts 1, 2, 3, and 4.	2. Type of Statement:			
 Officeholder, Candidate Controlled Committee State Candidate Election Committee 	☐ Primarily Fo	Primarily Formed Ballot Measure Committee	Preelection Statement		Quarterly Statement	
Recall (Also Complete Part 5)	O Controlled O Sponsored	illed sored	Termination Statement Also file a Form 410 Termination)	:mination)	Supplemental Preelection	
General Purpose Committee	(Also Complete Part 6)	te Part 6)	☐ Amendment (Explain below)	elow)	Orace Chicago Control of the Control	
Sponsored	Primarily F	Primarily Formed Candidate/ Officeholder Committee				
 Small Contributor Committee Political Party/Central Committee 	(Also Complete	ide Part 7)				1 1
3. Committee Information	1.D. NUMBER 1307852	ER 2	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	MITTEE)		NAME OF TREASURER			
Friends Of Mike Cordero			Kinde Durkee			
			MAILING ADDRESS			
MAN OR OIL CONDUCTOR THE PARTY			1212 S Victory Blvd	- 1		
SIREEL ADDRESS (NO P.O. BOX)			CITY		띧	/PHONE
z s victory bivo			Burbank	გ	91502 (818) 260-0669	9990
	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	RER, IF ANY		
Burbank	91502	(818) 260-0669				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	JR P.O. BOX		MAILING ADDRESS			
GITY STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE	/PHONE
A SECURIOR SECURITY OF THE SEC						
OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRESS	ESS		

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Durkee / Why my	ordero (Signature of Treasurer or Assistant Trodsluter	nture of Controlling Officeholder, Candidate, Sfälle Measure Proponent or Responsible Officer of Sponsor	Signature of Controlling Officaholder, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Kinde Durkee	Mike Cordero	Signa	. A	
Executed on 07/07/2011	Date 07/07/2011	Date	Date	Date

onent

FPPC Form 480 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2	460	of 6
COVER PA	-ORNIA JRM	2
	CALIF	Page_
100		

6. Primarily Formed Ballot Measure Committee	NAME OF BALLOT MEASURE	BALLOT NO. OR LETTER JURISDICTION OPPOSE	Identify the controlling officeholder, candidate, or state measure proponent, if any.	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY		 Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. 	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE.	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPORT	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE		Attach continuation sheets if necessary
5. Officeholder or Candidate Controlled Committee	NAME OF OFFICEHOLDER OR CANDIDATE Mike Cordero	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council City Of Santa Maria District: n/a	Member RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 4242 S. Victory Blvd Blvd CA 91502		Kelated Committees NOL included in this Statement. List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	COMMITTEE NAME	NAME OF TREASURER CONTROLLED COMMITTEE?		CITY STATE ZIP CODE AREA CODE/PHONE	COMMITTEE NAME I.D. NUMBER	NAME OF TREASURER CONTROLLED COMMITTEE? TYES NO	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE AREA CODE/PHONE

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Campaign Disclosure Statement Summary Page

IMMARY PAGE 9 ٥ CALIFORNIA FORM I.D. NUMBER က Page ___ Statement covers period through 06/30/2011 01/01/2011 from Type or print in ink.
Amounts may be rounded to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER

1307852	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$	*Amounts in this section may be different from amounts reported in Column B.	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
	Column B CALENDAR YEAR TOTAL TO DATE 0.00 \$ 26700.00 \$ 26700.00 \$ 26700.00	\$ 226.36 \$ 0.00 0.00 0.00 \$ 226.36	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) 0.00 0.00 0.00 0.00	\$ 226.36 \$ 226.36 \$ 0.00 0.00 \$ 226.36	\$ 391.41 0.00 0.00 226.36 \$ 165.05	\$ 0.00 \$ 26700.00
NAME OF FILER Friends Of Mike Cordero	Contributions Received 1. Monetary Contributions	Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE	Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Column A, Line 3 above 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	77. LOAN GUARANTEES RECEIVED

Ar

Schedule B - Part 1

Loans Received

Type or print in ink:
Amounts may be rounded
to whole dollars.

Statement covers period callFORNIA 4,60 from 01/01/2011 FORM FORM 1.D. NUMBER

PER ELECTION ** G2008 \$500.00 PER ELECTION ***
G2008 CONTRIBUTIONS PER ELECTION**
G2008 CALENDAR YEAR CALENDAR YEAR CALENDAR YEAR \$26200.00 CUMULATIVE \$26200.00 TO DATE ° 0.00 _s 0.00 \$ 0.00 **04/12/2010**DATE INCURRED 08/04/2008 DATE INCURRED DATE INCURRED 08/27/2008 ORIGINAL AMOUNT OF LOAN \$ 1200.00 3128.89 500.00 1307852 (Enter (e) on Schedule E, Line 3) PAID THIS PERIOD 0.00% 0.00% 0.00%INTEREST RATE RATE RATE \$ 0.00° \$ 0.00 \$ 0.00 \$ 0.00 (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD 22,871.18 21171.18 DATE DUE **DATE DUE** \$ 1200.00 DATE DUE 500.00 s AMOUNT PAID OR FORGIVEN THIS PERIOD* ☐ FORGIVEN 0.00 FORGIVEN ☐ FORGIVEN 0.00 0.00 0.00 0.00 0.00 □ PAID □ PAID □ PAID \$ 0.00 69 RECEIVED THIS PERIOD (b) AMOUNT 00.0 0.00 0.00 0.00 49 BEGINNING THIS PERIOD (a) OUTSTANDING SUBTOTALS 21171.18 1200.00 500.00 IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Santa Maria Police Catherine Kolnaski Santa Maria Police Music Teacher Department Department Lieutenant Lieutenant Magnet SCC SCC SCC FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) □ FT ΡΤ PΤ 93454 CA 93454 CA 93454 Friends Of Mike Cordero SEE INSTRUCTIONS ON REVERSE □ OTH □ OTH □ OTH CA 1324 Ruby Court 1324 Ruby Court 1324 Ruby Court Linda Cordero TIM COM COM COM Mike Cordero Mike Cordero Santa Maria Santa Maria Santa Maria VAME OF FILER dNI ★□ t IND

Schedule B Summary

တ Loans received this period...... (Total Column (b) plus unitemized loans of less than \$100.)

Loans paid or forgiven this period (Include loans paid by a third party that are also itemized on Schedule A.) (Total Column (c) plus loans under \$100 paid or forgiven.) ď

NET Enter the net here and on the Summary Page, Column A, Line 2. Net change this period. (Subtract Line 2 from Line 1.) က

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

OTH - Other (e.g., business entity)

(other than PTY or SCC)

IND – Individual COM – Recipient Committee

0.00

63

0.00

†Contributor Codes

PTY - Political Party SCC - Small Contributor Committee

0.00

(May be a negative number)

S

Amounts may be rounded to whole dollars. Type or print in ink.

SCHEDULE B - PART 1 9 6 CALIFORNIA FORM I.D. NUMBER Page 5 Statement covers period 01/01/2011 through 06/30/2011 from

1307852

Friends Of Mike Cordero

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Schedule B - Part 1 Loans Received

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER MAME OF BI ISINFSS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCEAT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Mike Cordero				□ PAID				CALENDAR YEAR
4224 Duky Court				\$ 0.00	\$ 3828.82	0.00% RATE	\$ 3828.82	\$ 0.00 PER ELECTION**
Santa Maria CA 93454	Santa Maria Police	3828.82	0.00	L PORGIVEIN		0.00	09/02/2008	G2008 \$26200.00
SOS II YI'A II HIO II WOO II GNI MI			9		DATE DUE		DATE INCURRED	
				□ PAID				CALENDAR YEAR
				\$	so	RATE	us,	\$ PER ELECTION *
		69	69	 	BILITETAL	6 7	DATE INCURRED	69
†□ IND □ COM □ OTH □ PTY □ SCC			* 41		1			CALENDAR YEAR
				☐ PAID				CALCINONIA
			19	\$	49	RATE	♦>	\$ PER ELECTION*
T IND COM COTH CPTY SCC		₩	· ·	un u	DATE DUE	s	DATE INCURRED	ss.
II .		SUBTOTALS \$ 0.00		\$ 0.00	\$ 3,828.82	\$ 0.00		
						(Enter (e) on Schedule E, Line 3)		

1. Loans received this period......\$ (Total Column (b) plus unitemized loans of less than \$100.)

Loans paid or forgiven this period\$ (Include loans paid by a third party that are also itemized on Schedule A.) (Total Column (c) plus loans under \$100 paid or forgiven.) ď

\$ NET \$ Net change this period. (Subtract Line 2 from Line 1.)..... Enter the net here and on the Summary Page, Column A, Line 2. က

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

OTH - Other (e.g., business entity) SCC - Small Contributor Committee

PTY - Political Party

(May be a negative number)

(other than PTY or SCC)

IND — Individual COM — Recipient Committee

†Contributor Codes

Schedule E

Amounts may be rounded to whole dollars. Type or print in ink.

SCHEDULEE 4609 ₽ CALIFORNIA I.D. NUMBER FORM 9 Page -Statement covers period through 06/30/2011 01/01/2011 from =

226.36 transfer between committees of the same candidate/sponsor AMOUNT PAID information technology costs (internet, e-mail) 1307852 t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airtime and production costs campaign workers' salaries If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. returned contributions voter registration DESCRIPTION OF PAYMENT RAD SAL SAL TEL TEL TRS TRS TRS VOT VOT WEB postage, delivery and messenger services professional services (legal, accounting) polling and survey research 9 R meetings and appearances member communications PRO CODE petition circulating office expenses phone banks print ads independent expenditure supporting/opposing others (explain)* NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 91502 S contribution (explain nonmonetary)* campaign literature and mailings campaign paraphernalia/misc. Friends Of Mike Cordero candidate filing/ballot fees SEE INSTRUCTIONS ON REVERSE Durkee & Associates campaign consultants Payments Made fundraising events 1212 S Victory BI civic donations legal defense NAME OF FILER Burbank CODES: CIMP E 25 H 2 CNS 9

SUBTOTAL\$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

226.36

226.36

Schedule E Summary

- 0.00 0.00 S ↔
- 226.36 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)...............